

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

February 12, 2026

[REDACTED]  
INTEGRACARE ERIE LLC  
[REDACTED]

C/O INTEGRACARE CORP  
[REDACTED]

RE: THE RESIDENCE AT PRESQUE ISLE  
BAY  
1012 WEST BAYFRONT PARKWAY  
ERIE, PA, 16507  
LICENSE/COC#: 45350

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: THE RESIDENCE AT PRESQUE ISLE BAY License #: 45350 License Expiration: 07/14/2026  
 Address: 1012 WEST BAYFRONT PARKWAY, ERIE, PA 16507  
 County: ERIE Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: INTEGRACARE ERIE LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-2 Date: 09/02/2010 Issued By: Erie

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 12/01/2025

**Inspection Dates and Department Representative**

12/01/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 138 Residents Served: 71

**Secured Dementia Care Unit**  
 In Home: Yes Area: 1st Floor Capacity: 22 Residents Served: 15

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 25 Have Physical Disability: 0

**Inspections / Reviews**

12/01/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/11/2026

01/14/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/10/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/13/2026

Inspections / Reviews *(continued)*

02/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

Resident [REDACTED]'s assessment dated [REDACTED], indicates that the resident has no issues with aggression or aggressive behaviors. The resident's support plan dated [REDACTED], indicates that the staff will observe and report any significant changes in resident behavior.

On [REDACTED] at approximately 6:40 p.m., resident [REDACTED] verbally threatened resident [REDACTED] stating I will [REDACTED] you, get the [REDACTED] away from me [REDACTED] you are [REDACTED].

On [REDACTED] at approximately 6:00 p.m., resident [REDACTED] pushed resident [REDACTED] to the floor, causing resident [REDACTED] an [REDACTED] to [REDACTED] that required bandaging and, pain to his right hip that required the administration of [REDACTED].

Multiple staff interviews indicate that resident [REDACTED] continues to verbally threaten resident [REDACTED] on a weekly basis, stating to resident [REDACTED] on multiple occasions that [REDACTED] will [REDACTED]. Resident [REDACTED] indicated that these occurrences have caused [REDACTED] significant stress and [REDACTED] feels unsafe. However, the home failed to update resident [REDACTED]'s assessment and support plan to address the significant change in resident [REDACTED] behavior and aggression towards resident [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 01/14/2026)

## 1. Violation of 2600.42.b

**Violation Description**

**Code Definition:** A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Details:** Resident [REDACTED] assessment dated 10/27/25, indicates that the resident has no issues with aggression or aggressive behaviors. The resident's support plan dated 10/27/25, indicates that the staff will observe and report any significant changes in resident behavior. On 11/1/2025, at approximately 6:40 p.m., resident [REDACTED] verbally threatened resident [REDACTED] stating I will [REDACTED] you, get the [REDACTED] away from me [REDACTED] you are gay. On [REDACTED], at approximately 6:00 p.m., resident [REDACTED] pushed resident [REDACTED] to the floor, causing resident #2 an [REDACTED] to his right elbow that required bandaging and, pain to [REDACTED] that required the administration of [REDACTED]. Multiple staff interviews indicate that resident [REDACTED] continues to verbally threaten resident [REDACTED] on a weekly basis, stating to resident [REDACTED] on multiple occasions that [REDACTED] will [REDACTED]. Resident [REDACTED] indicated that these occurrences have caused [REDACTED] significant stress and [REDACTED] feels unsafe. However, the home failed to update resident [REDACTED]'s assessment and support plan to address the significant change in resident [REDACTED]'s behavior and [REDACTED] towards resident [REDACTED].

**Short Term Actions**

## 1. Immediate Review and Update of Resident Support Plans

1.1 Action Plan: To ensure resident [REDACTED] assessment and support plan is current and reflective of behaviors.

## 1.2 Steps:

· No action can be completed due to the death of resident # [REDACTED] on 1/4/26 at 1:06am. Incident was reported to DHS on 1/4/26

1.3 Responsible Party: Executive Operations Officer or designee

42b Abuse (continued)

1.4 Time line: 1/4/26

2.1 Action Plan: To ensure all resident assessments and support plans are current and reflective of behaviors

2.1 Steps:

- An audit of all resident assessments and support plans to be conducted to ensure that all current and reflective behaviors are appropriately documented.

2.3 Responsible Party: Resident Wellness Director or designee

2.4 Time Line: 1/31/26

Long Term Actions

1. Enhance Staff Training on Behavioral Management

1.1 Action Plan: To equip staff with strategies to manage resident aggression and intimidation effectively.

1.2 Steps:

- Organize a mandatory training session focused on handling aggression and conflict among residents.
- Distribute educational materials on verbal de escalation techniques and intervention protocols.
- Documentation of training will be kept on file.

1.3 Responsible Party: Resident Wellness Director or Designee

1.4 Time line: 1/9/26

2. Quarterly Review of Resident Support Plans

2.1 Action Plan: Maintain up to date and accurate resident support plans.

2.2 Steps:

- Implement a quarterly review schedule for all resident support plans.
- Track and document all incidents and changes in resident conditions for timely updates to plans.
- Documentation of reviews will be maintained

2.3 Responsible Party: Resident Wellness Director or Designee

2.4 Time line: 1/12/26

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] 02/12/2026)

227c - Support Plan Revision

2. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] most recent Resident Assessment and Support Plan completed on [redacted], indicates a personal care need for [redacted] of, no problem. However, multiple staff interviews indicate that on multiple dates resident [redacted] has become verbally [redacted] with multiple residents to include on [redacted], when resident [redacted] yelled at resident [redacted] "I will [redacted] you, get the [redacted] away from me [redacted], you are [redacted]. On [redacted] at approximately 6:00 p.m., while in the home's front lobby resident [redacted] pushed resident [redacted] to the ground, causing [redacted] to receive an [redacted] on [redacted] that required bandaging and right [redacted] that required the administration of [redacted] for pain.

Multiple staff members indicate resident [redacted] and [redacted] mealtimes are purposefully staggered to limit potential

**227c - Support Plan Revision (continued)**

aggressive acts perpetrated by resident [REDACTED] towards resident [REDACTED]. However, resident [REDACTED]'s most recent Resident Assessment and Support Plan completed on [REDACTED], does not indicate this service.

**Plan of Correction**

Accept [REDACTED] 01/14/2026)

**2. Violation of 2600.227.c***Violation Description*

*Code Definition: The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.*

*Details: Resident [REDACTED]'s most recent Resident Assessment and Support Plan completed on 10/27/25, indicates a personal care need for aggression of, no problem. However, multiple staff interviews indicate that on multiple dates resident # [REDACTED] has become verbally [REDACTED] with multiple residents to include on [REDACTED], when resident [REDACTED] yelled at resident [REDACTED] "I will [REDACTED] you, get the [REDACTED] away from me [REDACTED] you are [REDACTED]." On [REDACTED], at approximately 6:00 p.m., while in the home's front lobby resident [REDACTED] pushed resident [REDACTED] to the ground, causing [REDACTED] to receive an [REDACTED] on [REDACTED] right [REDACTED] that required bandaging and right [REDACTED] that required the administration of [REDACTED] for pain. Multiple staff members indicate resident [REDACTED] and [REDACTED] mealtimes are purposefully staggered to limit potential [REDACTED] acts perpetrated by resident [REDACTED] towards resident [REDACTED]. However, resident [REDACTED]'s most recent Resident Assessment and Support Plan completed on [REDACTED], does not indicate this service.*

*Short Term Actions***1. Review and Revise Resident [REDACTED] Assessment**

**1.1 Action Plan:** To ensure resident [REDACTED] assessment and support plan is current and reflective of behaviors.

**1.2 Steps:**

- No action can be completed due to the death of resident [REDACTED] on 1/4/25 at 1:06am. Incident was reported to DHS on 1/4/25

**1.3 Responsible Party:** Executive Operations Officer(or designee)

**1.4 Time line:** 1/4/26

**2. Staff Retraining on Support Plan Updates**

**2.1 Action Plan:** Equip Resident Wellness Director with the knowledge to update support plans timely and accurately.

**2.2 Steps:**

- Organize a training session focusing on the importance of keeping support plans current with residents' changing needs.
- Reiterate documentation procedures to Resident Wellness Director.
- Documentation of training will be kept on file.

**2.3 Responsible Party:** Executive Operation Officer or Designee

**2.4 Time line:** 1/9/26

**3. Communication Protocol Enhancement**

**3.1 Action Plan:** Improve communication among staff regarding resident needs and behavioral changes.

**3.2 Steps:**

- Develop a structured communication protocol through MoveN for staff to report behavioral changes promptly.
- Implement a standardized process for Medication Associates and or LPNs reporting which will be incorporated into the support plan review processes.
- Ensure all MAs and LPNs are trained on this new protocol.

**3.3 Responsible Party:** Resident Wellness Director or Designee

**227c - Support Plan Revision (continued)**

3.4 Time line: 1/12/26

*Long Term Actions*

*1. Quarterly Review of Resident Support Plans*

*1.1 Action Plan: Maintain up-to-date and accurate resident support plans.*

*1.2 Steps:*

- Implement a quarterly review schedule for all resident support plans.*
- Document all incidents and changes in resident conditions for timely updates to plans.*
- Documentation of reviews will be maintained*

*1.3 Responsible Party: Resident Wellness Director or Designee*

*1.4 Time line: 1/12/26*

**Licensee's Proposed Overall Completion Date: 01/12/2026**

**Implemented [REDACTED] - 02/12/2026)**